



# The Education of Parents on Proper Bedsharing Techniques for Reduction of the Risk of SIDS

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## Evidence Based Practice

Evidence based practice (EBP) is a problem-solving approach to delivering quality healthcare. Integration of best evidence from well- designed studies, patient care data and research combined with clinical expertise and patient values can improve the quality of care as well as patient outcomes. EBP begins with an inquiry that is either problem focused or knowledge focused. The knowledge and skills needed for implementation of EPB consists of a seven step process.:

- Zero: Cultivate a spirit of inquiry
- 1: Ask clinical questions in PICOT format
- 2: Search for the best evidence.
- 3: Critically appraise the evidence
  - ❖ Rapid critical appraisal, evaluation, synthesis
- 4: Integrate the evidence with clinical expertise and patient preferences and values
  - ❖ integrate the best evidence into practice
- 5: Evaluate the outcomes of the practice decisions or changes based on evidence
- 6: Disseminate EBP results.

(Melnyk et al., 2010)

## Introduction

I chose to focus on a problem that pertains to the lack of educational opportunity given in the office setting that is critical in providing safe sleeping environments for parents and babies. The PICOT question formulated focuses on the etiology of SIDS (Sudden Infant Death Syndrome) and asks “Are babies who properly bedshare at greater risk for sudden infant death syndrome (SIDS) than those who do not?” The controversy over this debate is both delicate and multifaceted, making this a difficult topic to research and discuss. It requires an understanding of correct terminology, basic biologic necessities and cultural appreciation.

The problem posed from my PICOT question stems from the concern that providers are not accurately assessing babies sleep habits and therefore not accurately providing important and essential education in order to promote a healthy sleep environment. Without the necessary information we are doing a disservice to mothers who want to practice proper bedsharing but are afraid to do so because of the risk of SIDS and fear of negative societal pressure. This controversial topic is often times disregarded due to the assumption that all babies must participate in what the American Academy of Pediatrics (AAP) refers to as “safe sleep” which is defined as “supine positioning, use of a firm sleep surface, breastfeeding, room-sharing without bedsharing, routine immunizations, consideration of using a pacifier, and avoidance of soft bedding, overheating, and exposure to tobacco smoke, alcohol, and illicit drugs” (2011). It is because of this recommendation that little to no education regarding safety is given to parents who desire to properly bedshare, instead the focus becomes trying to discourage parents from choosing to do so.

## Results

Bedsharing is an important component from a biological standpoint. Human infants are the most neurologically immature primates, and require constant attention and close proximity with their mother to provide for their most basic needs (McKenna, 2008). It is through this interaction that helps promote a beneficial relationship for both mother and baby. Breast feeding mothers who bedshare benefit from better sleep, stronger attachments and mutual affection (McKenna, 2008). Maternal touch and movements during bedsharing can reduce infant crying and help regulate babies breathing, body temperature, oxygenation, and positively impact stress hormone levels and immune status. However the fear of SIDS and the recommendations regarding safe sleep from the AAP have had a damaging impact on proper bedsharing practices (McKenna, 2008). According to McKenna (2005), proper bedsharing techniques include,

- Non-smoking, sober breastfeeding mothers and partners
- Firm mattress, (not on a waterbed, sofa, soft surface)
- Place babies on their back to sleep
- Ensure that no gaps are present to prevent entrapment
- Baby should not be overdressed or swaddled
- Pillow should be kept away from baby
- Never leave baby unattended
- Partner sleeps behind the mother, away from baby
- No other children should be near the baby

Science has already determined that breastfeeding is protective against SIDS. Bottle fed babies are twice as likely to die of SIDS compared with breastfed babies. Proper bedsharing can increase the amount of nightly feedings and in turn increase the mother’s milk supply. (McKenna, 2008).

## Discussion

The “collective wisdom” surrounding this controversial topic remains conflicted due to the current AAP recommendations, however, best evidence illustrates that proper bedsharing is not a risk factor for SIDS, and may potentially decrease the risk of SIDS. Proper bedsharing promotes maternal/infant bonding which can lay a solid foundation for a healthy child. Educating parents on proper bedsharing in order to create a safe sleep environment and reducing the risk of SIDS without sacrificing maternal/child bonding must be executed and may be potentially lifesaving. Withholding information could jeopardize child safety and sacrifice maternal infant bonding and overall family health and happiness.

